



Town of CARVER

Request for Plumbing or Gas Inspection

Telephone: 866-3405 ext 1043 Fax: 508-866-3430

Please complete Parts 1 and 2 of this form and fax to 508-866-3430, mail or hand deliver to:
Inspector of Plumbing & Gas, 108 Main Street Carver, MA 02330.

Any questions, please call the inspector during office hours daily from 8:00-8:30am.

****SOMEONE MUST BE AT THE LOCATION FOR AN INSPECTION**

PART - 1

☐ PLUMBING PERMIT # _____

☐ GAS PERMIT # _____

Permit # REQUIRED for processing inspection request

Today's Date: _____

I _____ hereby request an inspection under Massachusetts General Law Chapter 142.

Job Location: _____

Contact Phone #: _____ Will Call ☐

Date Requested:

☐ Tuesday _____ ☐ Wednesday _____ ☐ Thursday _____

PART - 2 TYPE OF INSPECTION REQUESTED

☐ Rough Inspection for: _____

☐ Final Inspection for: _____

☐ Re-Inspection for: _____

☐ Other: _____

License No: _____ Licensee Signature _____

Comments: _____

This section to be completed by Carver Inspector of Plumbing & Gas

Inspection Date: _____ Inspector: _____

☐ Approved ☐ Disapproved ☐ No Access

Comments: _____
